



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number:

04-02

Date:

March 16, 2004

### Administrative Memorandum

**SUBJECT:** REQUEST FOR EMPLOYMENT RECORDS, WFP&I 453 – FTI, 03/02/04

**REFERENCE:**

**CANCELS:**

**FILE IN:** WFP&I Handbook

**SPECIAL ATTENTION:**

[ X ] SWFI - SA01 [ X ] WFIs - SA01

### PURPOSE/POLICY

This Administrative Memorandum releases procedures for using the WFP&I 453 - FTI, Request for Employment Records, Federal Tax Information.

The WFP&I 453, FTI form will be used by the Special Assignment Unit to request employment records for a fraud investigation resulting from a BEER/IRS match.

### PROCEDURES

The WFP&I 453, FTI form must be completed in duplicate. The original is sent to the employer, along with pages 2 and 3, and the PA 454, Earnings Record. The copy is filed in the Central Fraud Folder (CFF) pending response from the employer.

Please ensure a postage paid envelope and the attachments are enclosed for the employer to use to provide the Participant's employment history.

Following receipt of the completed pages 2 and 3 and/or the PA 454 from the employer, all copies of the first page of the PA 453, FTI, are to be shredded.

Please direct questions regarding this memo to your immediate supervisor.

A handwritten signature in dark ink, appearing to read "Luther Evans", is written over a horizontal line.

Luther Evans, Director  
Welfare Fraud Prevention & Investigations Section

LE:MH:rw

Attachments

c: Deputy Directors  
Chief Clerk

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION  
12000 S. Hawthorne Blvd.  
Hawthorne, California 90250**

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Dear Employer:

As part of a criminal investigation currently being conducted by this Department, we need to verify the employment of the above named person, from the start date to the present or termination date.

Please complete pages 2 and 3 of this letter and return it to us along with payroll records for this employee. The payroll records may be photocopies or computer printouts, or you may complete the enclosed "Earnings Record" form. A copy of a photo identification (ID) card or badge would be appreciated, as well as copies of the job application and W-4 forms. A postage paid return envelope is enclosed for your convenience.

Your immediate attention is requested. Your tax dollars help fund public assistance programs for needy persons and your cooperation is needed to ensure that only eligible persons receive public assistance. Please contact the Welfare Fraud Investigator at the number below if you have any questions.

Sincerely,

\_\_\_\_\_  
Welfare Fraud Investigator, File No.

Telephone Number: (310) 349-\_\_\_\_\_

Enclosures

# VERIFICATION OF EMPLOYMENT/EARNINGS

COMPLETE THE FOLLOWING INFORMATION FROM YOUR EMPLOYMENT RECORDS:

Name of Employee	Social Security Number	Birth date
(Last, First, Middle)		(Month, Day, Year)

Sex (M/F)	Color of Hair	Color of Eyes	Height	Weight	Ethnicity

Employee's Current Residence Address		
(Number and Street)	(City/State)	(Zip Code)

Date(s) Employment Began:
Employment Status:
<input type="checkbox"/> Currently Employed <input type="checkbox"/> Terminated - Date: _____
If terminated, please give reason:

How Often Paid? (Check One)			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice Each Month	<input type="checkbox"/> Once Each Month

Basis of Employment		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Total Hours Per Month:

Completed By:

Name (Please Print)	Job Title
Work Address	Work Telephone Number

Signature	Date Signed

## VERIFICATION OF EMPLOYMENT RECORDS

**Please answer the following questions:**

1. Who is the Custodian of Records for your business/company?  
\_\_\_\_\_
  2. How are your records of employment stored; i.e., computer or paper files?  
\_\_\_\_\_
  3. When are your employee records usually created; i.e., when the employee applies for the job or when he is hired?  
\_\_\_\_\_
  4. Are the records of employment you provided, true and accurate copies of original records, or are they summaries of the original records which are on file at your business?  
\_\_\_\_\_
  5. If you provided summaries, do the original records contain a myriad of record which would be time consuming to present in court?  
\_\_\_\_\_
- 

**Please enclose the following information:**

1. Photocopies or computer printouts of your payroll records for this employee, or complete the enclosed Earnings Record form.
2. A copy of the employee's photo ID or badge, if available.
3. A copy of the employee's job application.
4. A copy of the employee's W-4 form.

**Please return this letter and requested information in the postage paid return envelope, provided for your convenience.**

EARNINGS RECORD

EMPLOYEE NAME:	CASE NAME:	CASE NUMBER:	WFI FILE NO.:
----------------	------------	--------------	---------------

PLEASE LIST MONTHLY TOTALS BEGINNING: \_\_\_\_\_  
Include earnings, overtime pay, vacation pay, severance pay, advances, bonuses, and/or commissions paid from the beginning date of employment to the present date or termination date of employment. Enter earnings totals based on the MONTH RECEIVED rather than by pay periods.

Month and Year	Gross Earnings	Month and Year	Gross Earnings	Month and Year	Gross Earnings	Month and Year	Gross Earnings
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	
/		/		/		/	

COMPLETED BY:

SIGNATURE:	TITLE:	PHONE NUMBER:	DATE
------------	--------	---------------	------